

1. NUMBER: <b>CPCG-00-006</b>	2. PCN: <b>PB20333</b>	<b>MSFC ENGINEERING CHANGE REQUEST (ECR)</b> (See Instructions - MSFC Form 2327-2)		3. DATE: <b>5/8/2001</b>	4. PAGE  <b>1 of 1</b>
5. TO: <b>FD32/Denise Morris</b>		6. THRU:		7. FROM: <b>Stacy Cook/UAB/CBSE</b>	
8. TITLE OF CHANGE: <b>CPCG Baseline for Increment 4</b>					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED: <b>ISS</b>			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: <b>Increment 4 US PODF</b>		
13. RECOMMENDED EFFECTIVITY(IES): <b>Increment 4</b>			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) <b>Procedures, Tables and Figures updated for multiple units and addition of CRIM-M Muffler.</b>					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure ) <input checked="" type="checkbox"/> Other (Specify): <b>PODF</b>					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) <b>Procedures, Tables and Figures updated for multiple units and addition of CRIM-M Muffler.</b> <b>Documents affected: M4UEEXPRSCPCGFL002, MGUEEXPRSCPCGLF001, MGUEEXPRSCPCGLF002, MGUEEXPRSCPCGHR001, M4UEEXPRSCPCGAC001, M4UEEXPRSCPCGN002, MGUEEXPRSCPCGN003, MGUEEXPRSCPCGA001, M4UEEXPRSCPCGQ001, MGUEEXPRSCPCGL(001 - 008), MGUEEXPRSCPCGR(001 - 003, 015, M4UEEXPRSCPCGR004, MGUEEXPRSCPCGVR(003, 004, 025-027)</b>					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: <b>Stacy Cook /s/</b>		DATE: <b>5/8/2001</b>	TELEPHONE NUMBER: <b>205-5812915</b>	OFFICE SYMBOL: <b>UAB</b>	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE